Application or Docket Number

09811345

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	60 minus 20=	40
INDEPENDENT CLAIMS	2 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐ **OR** **OTHER THAN SMALL ENTITY**

RATE	FEE		RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	710.00
X$ 9=		OR	X$18=	720.~
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	1430.~

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	60	Minus 60	=
Independent	2	Minus 2	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			☐

SMALL ENTITY **OR** **OTHER THAN SMALL ENTITY**

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total		Minus	=
Independent		Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			☐

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total		Minus	=
Independent		Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			☐

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Best Available Copy